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PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/692,367 Filing Date **TRANSMITTAL** October 22, 2003 First Named Inventor **FORM** Mathias L. MULLER Art Unit N/A (to be used for all correspondence after initial filing) **Examiner Name** Not Yet Assigned Attorney Docket Number Total Number of Pages in This Submission 549162000320 ENCLOSURES (Check all that apply) After Allowance Communication Drawing(s) Fee Transmittal Form to Group Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to Group Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address X Other Enclosure(s) (please Terminal Disclaimer **Extension of Time Request** identify below): Request to Withdrawal as Attorney Request for Refund **Express Abandonment Request** or Agent and Change of Correspondence Address (1 page, Information Disclosure Statement CD, Number of CD(s) plus 2 copies) **Certified Copy of Priority** Document(s) Remarks Response to Missing Parts/ Incomplete Application Customer No. 25225 Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm MORRISON & FOERSTER LLP Bruce D. Grant - 47,608 Individual name Signature July 15, 2004 Date

| I hereby certify that this corr | respondence is being deposited w | ith the U.S. Postal Service v | vith sufficient postage as First Class Mail, in |
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| | Musike. | 20 11. | |
| Dated: July 15, 2004 | Signature: | 140000 | 2313-1450, on the date shown below. Matthew Russell) |

PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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| Application Number | 10/692,367 |
|------------------------|-------------------|
| Filing Date | October 22, 2003 |
| First Named Inventor | Mathias L. MULLER |
| Art Unit | N/A |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 549162000320 |

| Commissioner for Patents To: P.O. Box 1450 | | | | | | | |
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| l | Alexandria, VA 22313-1450 | | | | | | |
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| all | the attorneys/agents of record. | | | | | | |
| the | the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | |
| x the | attorneys/agents associated with | Customer Nu | mber | 25. | 225 | | |
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| The reaso | ns for this request are: | | | | | | |
| This requ | est to withdrawal is being made | e at the req | uest of the | e applicant. | | : | |
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| Signature | | | | Registration | No. | 47,608 | |
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| | First Named Inventor | Mathias L. MULLER | | |
| | Art Unit | N/A | | |
| İ | Examiner Name | Not Yet Assigned | | |
| | Attorney Docket Number | 549162000320 | | |

| To: P | Commissioner for Patents 2.O. Box 1450 | | | | | | | |
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| Please | Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | |
| all | all the attorneys/agents of record. | | | | | | | |
| the | the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | |
| X the | x the attorneys/agents associated with Customer Number 25225 | | | | | | | |
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| | Filing Date | October 22, 2003 | | | | |
| | First Named Inventor | Mathias L. MULLER | | | | |
| | Art Unit | N/A | | | | |
| ı | Examiner Name | Not Yet Assigned | | | | |
| | Attorney Docket Number | 549162000320 | | | | |

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| Α | Alexandria, VA 22313-1450 | | | | | | |
| Please | Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | |
| all | all the attorneys/agents of record. | | | | | | |
| the | attorneys/agents (with registration | numbers) lis | ted on the | attached par | oer(s), or | | |
| X the | attorneys/agents associated with C | ustomer Nu | mber | 25 | 225 | | |
| TON | NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | |
| The reaso | ons for this request are: | | | | | | |
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| OR | | | | | | | |
| X Firm | or dual Name Louise Foutch | _ | <u> </u> | | | | |
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| City | Johnston | State | Iowa | | Zip | 50131-1000 | |
| Country | United States | | | | · · · · · · · · · · · · · · · · · · · | | |
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